



1631

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/674,266
		Filing Date	December 21, 2000
		First Named Inventor	SPECHT et al.
		Examiner Name	J. Martinell
Group / Art Unit		1631	
Attorney Docket No.		ALBRE 3	
TOTAL AMOUNT OF PAYMENT		(\$) 222	

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METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 13-3402 Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					3. ADDITIONAL FEES				
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other									
1. BASIC FILING FEE									
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid				
1001	750	2001	375	Utility filing fee					
1002	330	2002	165	Design filing fee					
1003	520	2003	260	Plant filing fee					
1004	750	2004	375	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)					(\$) 0				
2. EXTRA CLAIM FEES									
Total Claims	41	-38**	=	3	X	18	=	54	
Independent Claims	5	-3**	=	2	X	84	=	168	
Multiple Dependent					X		=	0	
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid				
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$) 222				
**or number previously paid, if greater. For Reissues, see above									
					Other fee (specify) _____				
					*Reduced by Basic Filing Fee Paid				
					SUBTOTAL (3)				
					(\$) 0				

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Nicole E. Kinsey	Registration No. Attorney/Agent	50,723	Telephone	(703) 465-5353
Signature	<i>Nicole E. Kinsey</i>			Date	February 15, 2003

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